

YOUTH SERVICES POLICY

Title: Delivery of Treatment and Auxiliary Services Next Annual Review Date: 05/06/2016	Type: D. Community Based Services Sub Type: 15. Social Services Number: D.15.3
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References: LA Administrative Code, Title 46: XXV, Professional and Occupational Standards: Credentialed Social Workers Administrative Code September 2011; La. R.S. 37:2701-2724 Louisiana Social Work Practice Act, Professions & Occupations Chapter 35. Social Workers; OJJ Reorganization effective: October 2012; YS Policy Nos. A.2.11 "Employee Assistance Program", A.2.15 "Dress Code for Secure Care Facilities and Community Based Services", A.2.41 "Verification of Credentials", D.9.1 "Placement of Youth in Residential Facilities"; D.9.3 "Case Assessment Process for Non-Secure Placement", D.10.4 "Community Supervision Classification System", D.10.15 "Detention and Location of Youth Pending Secure Assignment", D.10.34 "Pending Secure and Non Secure Placement Provision of Services While In Detention"; Standard Operating Procedures for Non-Secure Care 2014.	
STATUS: Approved	
Approved By: Mary L. Livers, Deputy Secretary	Date of Approval: 05/06/2015

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To create standards for the delivery of treatment services by social service staff assigned to a Community Based Services (CBS) Regional Office.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Regional Directors, Central Office (CO) Treatment Director/Community Based Services, CO Psychologist/Sex Offender Treatment, Regional Managers, Social Service staff assigned to Probation and Parole Regional Offices, and all employees of Community Based Services

IV. DEFINITIONS:

Case Narrative - A formal way of documenting what occurred during a treatment session. The note should indicate if the treatment plan is being followed and that services are being directed toward the goals of the treatment plan. Collateral contacts with others are also documented via the case narrative.

Clinical Supervision - An interactional professional relationship between a licensed clinical social worker and licensed master's social worker that provides evaluation and direction over the supervisee's practice of clinical social work and promotes continued development of the licensed social worker's knowledge, skills, and abilities to engage in the practice of clinical social work in an ethical and competent manner.

Clinical Supervisor (CBS) - Someone who possesses a license in the State of Louisiana as a Licensed Clinical Social Worker (LCSW) and is responsible for clinical supervision and oversight of cases assigned to staff that are not licensed to practice social work independently.

Closing Summary - A written summary that is completed when services end or are terminated with the youth and/or family. The closing summary will indicate reason for referral, the goals of treatment, the youth's progress/compliance with treatment and the case manager's recommendations.

Community Based Services (CBS) - Formerly known as the Division of Youth Services. CBS includes all regional probation and parole offices located throughout the state.

Coordinated Systems of Care (CSoc) – CSoc is a system of care that has an overarching philosophy and approach. The system ensuring that there is a coordinated network of services and supports for children, youth and their families with behavioral health challenges.

Data, Assessment, Goal, and Plan (DAGP) Format – A standard format for writing Case Narrative and Progress Notes that includes **Data** (information obtained from talking with the youth and from observation); **Assessment** (the counselor's assessment of the information and of the client's current functioning); **Goal** (purpose of the plan); **Plan** (the plan for the next session, may include homework assignments, etc.) necessary to the goal.

Family Intervention Services Intake Assessment - A document used to gather information concerning the client, family, caregivers and informal supports that will be used to determine need for ongoing case management services and the appropriate level of case management services. Information gathered will also be used to develop the youth's Support Service Treatment Plan.

Hands-On Sex Offense – Those in which there is anal, oral or vaginal touching by physical contact or the use of a foreign object.

Juvenile Electronic Tracking System (JETS) - The centralized database used to track all youth under OJJ's supervision or custody, and record youth case record activity.

Licensed Clinical Social Worker (LCSW) - A professional who has received a masters of social work degree and, following supervised clinical practice, has passed the licensing exam for the independent practice of clinical social work.

Licensed Masters Social Worker (LMSW) - A professional who has received a masters of social work degree and has passed the licensing exam and is duly licensed for supervised practice of social work under the supervision of an LCSW.

Licensed Professional Counselor (LPC) - A professional who has completed all necessary supervised practice and has received a master's degree in mental health counseling and has passed the licensing exam for independent practice as a LPC.

Licensed Professional Counselor Intern (LPC-I) - A professional who has received an master's degree in mental health counseling and is working as LPC-I towards completion of clinical supervision hours to then test for independent licensure as LPC. Clinical practice is done under the supervision of an LPC-S

Licensed Professional Counselor Supervisor (LPC-S) - A professional who has received a master's degree in mental health counseling and has passed the licensing exam to practice independently as an LPC. The LPC-S has obtained 45 clock hours of additional supervision training and is credentialed to provide supervision to the LPC-I.

Louisiana Behavioral Health Partnership (LBHP) – LBHP is the system of care for Medicaid and non-Medicaid children and adults who require specialized behavioral health services, including those children who are at risk of out of home placement under CSoC which is managed by the Louisiana State Wide Management Organization (SMO).

Monthly Activity Report - A report submitted to the clinical supervisor on a monthly basis that outlines the number of youth assigned and the type of services that are being provided. This information is submitted by the 10th of each month.

Regional Office – All Community Based Services regional probation and parole offices located throughout the state.

Registered Social Worker (RSW) - A professional who has received a bachelor or a master's of Social Work degree who has not yet obtained the LMSW credentialing.

Social Service Staff - Social Services Counselors, Licensed Social Service Counselors, and/or Licensed Social Workers that are assigned to a regional probation and parole office to provide individual counseling services to the youth and/or family counseling based on needs as identified in the Support Services Treatment Plan. Social Service staff may be involved in the delivery of other auxiliary services as defined by the Regional Director, Regional Manager and/or Clinical Supervisor.

Staffing - A team consisting of but is not limited to, the Regional Manager, Probation Officer Supervisor, Social Service staff and or legal guardian, if applicable, to discuss and review the youth's progress and/or need for referral to a outside provider.

Support Services Treatment Plan - A written document developed by a social service staff with the participation of the client, client's legal guardian, which specifies the client's problems, services needed to be addressed, the intermediate objectives and long-term goals for the services and the planned interventions for achieving these goals.

V. POLICY:

It is the policy of the Deputy Secretary that uniform guidelines be established regarding the delivery of counseling and auxiliary services to youth who are on probation, parole or under supervision in the community. For youth that are housed in a detention facility, refer to the guidelines and procedures in YS Policy No. D.10.34. The social services staff shall utilize "evidence-based" or a "best practice" approach when providing clinical services to youth and their families.

VI. PROCEDURES:

A. Intake

1. The Probation and Parole Officer/Juvenile (PPO/J) shall staff a youth's case with the CBS social service staff, Probation and Parole Supervisor/Juvenile (PSS) and Regional Manager, if applicable, prior to the delivery of services by the CBS social service staff. These cases may consist of youth that can not receive services through the Louisiana Behavioral Health Partnership (LBHP).
2. The staffing shall include discussing specific actions that shall be taken relative to the necessary intervention(s) that will be used with the youth and the family.
3. The CBS social service staff or PPO/J shall complete a "Social Services Referral Form" [see attachment D.15.3 (a)] during the staffing process to indicate youth's identifying information, services to be provided and the referring officer.
4. The "Family Intervention Services Intake Assessment" [see attachment D.15.3 (b)] shall be completed in JETS within two (2) weeks of working with the youth and family.
5. A preliminary "Support Services Treatment Plan" [see attachment D.15.3 (c)] shall be completed in JETS within 24 hours of completing the "Family Intervention Services Intake Assessment". This plan should be updated when goals and objectives are met or new goals are devised.

These changes shall be documented on the plan and include the date of plan modification. This plan should be completed in conjunction with the family and the youth to ensure their participation not only in the implementation of the plan but also the creation.

B. Provision of Services to Youth

1. CBS social service staff shall practice within the legal scope of their designated credentials and according to the standards of the Louisiana Board of Social Work Examiners licensing board.
2. Counseling services should be targeted to the families and youth we serve utilizing programs or curriculum that have been identified by the agency. These programs use an “evidence-based” or a “best practice approach” when working with at risk youth or youth that are in danger of being removed from their home. Staff may utilize other programs that are deemed to be “evidence-based” or a “best practice approach” with the proper training and approval from the CBS Clinical Supervisor.
3. Prior to initiating services to the youth and/or family, the CBS social service staff must explain the nature of counseling services and the limits of confidentiality. CBS social services staff shall display at their primary place of practice, or make available for all clients, a “Professional Disclosure Statement/Declaration of Practice and Procedures/Statement of Practice” [see attachment D.15.3 (d)]. Signatures must be obtained from the parent/legal guardian giving their “Consent for Treatment” [see attachment D.15.3 (e)].
4. For youth who have been referred for a psychosexual evaluation and/or treatment in the community subsequent to being adjudicated for a hands-on sex offense or a non-sexual offense that has been pled down from a hands-on sexual offense, the following shall occur:
 - a. Prior to the initiation of a psychosexual evaluation and/or treatment for sexual behavior problems, the staff / provider / contractor (“provider”) shall explain to the youth and parent / guardian the limits of confidentiality, particularly that any disclosure of delinquent or criminal acts by the youth may be reported to the Court and/or district attorney and may be used against them in a court proceeding. The youth, parent / guardian and the provider shall sign the “Acknowledgement of Limits of Confidentiality and Consent to Treatment” [see Attachment D.15.3 (j)] prior to commencement of the evaluation/treatment.

If the youth discloses commission of a delinquent or criminal act, the provider shall notify the CO Psychologist/Sex Offender Treatment and where appropriate, report the matter to the Department of Children & Family Services (DCFS).

Once the Waiver is executed, OJJ will complete the psychosexual assessment and/or implement treatment to address the youth’s sexual behavior problem.

- b. Youth who are adjudicated and ordered or recommended by a court or OJJ to receive treatment to address their sexual behavior problem will be provided with treatment in accordance with OJJ's current "Best Practice" treatment curriculum.
 - c. OJJ does not have the authority to provide assessment or treatment to youth prior to adjudication.
- 5. Counseling services may include individual, group, family and crisis counseling.
 - Individual Counseling is one-on-one direct therapeutic intervention by the social service staff addressing core need areas identified on the "Support Services Treatment Plan".
 - Group Counseling consists of therapeutic interventions by the CBS social service staff with a group of youth to solve a common problem (i.e., anger management, substance abuse, etc.).
 - Family Counseling is based on a systems model and helps to promote better relationships and understanding within a family.
 - Crisis Counseling is a type of brief treatment for a youth in which the CBS social service staff assists with an immediate problem (i.e. trauma due to abuse, recent fight or suicide ideation or attempt.)

Counseling services may be conducted in the CBS Regional Office, school, home and detention facility (refer to policy D.10.34), or a designated location in the community. CBS social service staff is to ensure that confidentiality is maintained at all times.

- 6. CBS social service staff shall adhere to court recommendations as it pertains to requested treatment services. If there is a concern regarding a judge's recommendation for treatment services or intervention, the CBS social service staff shall communicate with the Regional Manager, CBS Clinical Supervisor, and the youth's PPO/J immediately for guidance.
- 7. Counseling sessions are to be documented by completing a "Case Narrative" in JETS within 48 hours of completing the service. The "Case Narrative" shall give a brief description of what the session entailed including the date and time of service.

There are issues that will be sensitive and confidential in nature that will not be placed in JETS system via a "Case Narrative". In these cases, CBS social service staff shall use a Progress Note [see attachment D.15.3 (f)] when documenting sensitive and confidential information and place in the Youth's Services Case Record.

Counseling sessions shall be documented using the Data, Assessment, Goal, and Plan (DAGP) format within seven (7) working days. All counseling contact notes shall reflect the date and time (a.m./p.m.) with the CBS social service staff full name and title. These notes shall be kept in the Youth's Social Services Case Record.

8. Individual and family counseling sessions shall be no less than 45 minutes in duration, and group counseling sessions shall be no less than one (1) hour in duration. The social service staff shall determine the frequency of counseling services based on the youth's "Family Intervention Intake Assessment", and any other clinical documents such as prior or current psychological, psychiatric or social history. The frequency of counseling sessions shall be documented on the youth's "Supportive Services Treatment Plan".
9. Because some youth present with special needs and/or challenges, CBS social services staff may be required to adapt service delivery, including modality, frequency, length or material to best assist the youth. Clinical presentation or signs and symptoms of their diagnosis/problems that require special accommodations shall be well documented. These accommodations are made at the clinical discretion of the CBS social service staff providing the services.
10. Contacts shall be made in the community with identifying appropriate resources such as schools, courts and other state agencies to assist the youth with accomplishing the goals outlined on the "Support Services Treatment Plan". These contacts shall be noted as collateral contacts and shall be documented on a "Case Narrative" in JETS within 24 business hours
11. CBS social service staff shall strive to avoid a waiting list which may require referral to outside services. Any referrals to outside services may be done in collaboration with the youth's PPO/J and parent/guardian. Upon completion of treatment objectives and/or goals, appropriate referrals for additional supportive services may also be indicated. Due to the rural nature of some of the communities serviced, limited resources and at times unforeseen circumstance, the potential for conflicts of interest and dual relationships may present. With appropriate consultation with the CBS Clinical Supervisor, such ethical dilemmas may require referral to outside services.
12. CBS social service staff may be asked to provide technical assistance to a YS secure care center for youth by a Regional Director. Technical assistance may include, but is not limited to: assisting with social service treatment reviews, case reviews and training. The Regional Director, CBS Clinical Supervisor and CBS Program Manager shall coordinate these services to include required documentation of assistance provided. The Regional Manager shall be informed of the process.
13. CBS social service staff may be asked to appear in court or to provide a written "Clinical Status Report" [see attachment D.15.3 (g)] to the court. If appearing in court, staff shall be knowledgeable about the

case prior to the youth's court date and discuss any issues of concern, if applicable, with a representative from OJJ Legal Services, the Regional Manager, the youth's assigned PPO/J, CBS Clinical Supervisor or CBS Program Manager.

While maintaining confidentiality, the clinical staff in CBS shall work to assist in collaboration of care for all youth served by OJJ. A status report may be requested or required by the court through the PPO/J, or other collaborating agency regarding a youth's progress in treatment and ongoing needs.

Upon receiving a request for a status report from the court, PPO/J or collaborating agency, the CBS social service staff shall provide the necessary documentation to show the following:

- a. A brief history of the youth's case, including charges resulting in referral and what services were requested;
 - b. An update on the youth's most recent behavior or mood issues at school, home and adjustments to any programs or services being provided; and
 - c. A general overview of the treatment goals and recommendations for ongoing services.
14. The content of updates, at times, may require clinical judgment as to the details disclosed in an update and the recipients "need to know" and appropriateness of disclosure. CBS social service staff need to insure that requirements for confidentiality and need for consent to release information is taken into account. All requests for clinical updates and/or status reports shall be discussed with the youth's PPO/J and/or Regional Manager prior to submission. A "Case Narrative" indicating this process shall be documented in JETS within 48 business hours.
 15. CBS social service staff shall serve as the "Employee Assistance Program" (EAP) coordinator for their assigned CBS Regional Office. EAP services are intended to help employees deal with personal problems that might adversely impact their work performance, health and well-being. EAP's generally include short-term counseling and referral services for employees and their household members. (Refer to YS Policy No. A.2.11)

C. Reporting

1. CBS social service staff shall report any problems or concerns to the Regional Manager and CBS Clinical Supervisor as deemed necessary. Technical assistance shall be provided immediately to assist with problem resolution.

2. CBS social service staff shall complete a “Social Service Monthly Activity Report” [see attachment D.15.3 (h)], outlining services provided to youth and their families. The report shall indicate the following:
 - a. Number of youth served;
 - b. Service(s) provided (individual, group or family counseling);
 - c. Case Staffings;
 - d. Consultations;
 - e. Meetings;
 - f. Trainings; and
 - g. Court appearances.
3. The “Social Services Monthly Activity Report’ is to be submitted by the 10th of each month for the proceeding month to the CBS Clinical Supervisor and Regional Manager, if requested.

D. Audits

1. CBS social service staff shall assist the designated regional Program Specialist with quality assurance reviews of community based residential service providers. These quality assurance reviews occur on a semi-annual basis and are initiated and lead by the Program Specialist.
2. CBS social service staff shall review documentation as it relates to treatment processes and document their findings on the “Semi-Annual Residential Program Monitoring” checklist. Refer to the “Standard Operating Procedures for Non-Secure Care 2013, Section 8. Quality Assurance/Quality Improvement.”
3. CBS social service staff may also be asked to participate in quality assurance reviews of the YS Secure Care Centers for Youth. These reviews shall be led by the CBS Program Manager or the Director of Treatment and Rehabilitation, and shall consist of youth record reviews to ensure that need areas identified on the Reintegration/Service Plan

(RSP) are being addressed. CBS social service staff shall also review secure care youth records as it pertains to counseling services and staffings, and document their findings on the quality assurance tool referenced in Section VIII below.

E. Auxiliary Services

1. Staff may be asked to provide other functions that may not require providing direct clinical services to youth. These functions include:

- a. Consulting on complex cases in formal/informal staffing for clinical direction;
- b. Broker with probation staff to locate resources/services in special need cases to assist youth outside of caseload;
- c. Collaborate with educators and other community stake holders to assist in educational challenges impacted by OJJ youth's behavior or mood disorder;
- d. Serve on various community groups/boards to promote OJJ's mission, such as Youth Planning Boards, Interagency Service Coordination (ISC) etc;
- e. Community education/speaker at youth rallies, events and prevention efforts in the assigned region to promote OJJ mission and vision; and
- f. Assist with policy and procedure development, implementation or monitoring with focus on social justice, service provision and the promotion of the youth well-being.

F. Supervision

- 1. Clinical supervision of the Licensed Master Social Worker (LMSW) who is not receiving Board Approved Clinical Supervisor (BACS) supervision, or the Certified Social Worker not eligible for BACS supervision, may deliver those clinical services which constitute psychotherapy only under the supervision of a License Clinical Social Worker (LCSW). Supervision under these circumstances does not require that the supervising LCSW have the BACS designation. Regardless of the time spent in clinical practice, the LMSW or CSW must be supervised in accordance with the following rules:
 - a. The employing agency ultimately is responsible and accountable for services rendered by the LMSW or CSW; therefore, the agency may provide access to a LCSW to ensure quality of services. Clinical supervision shall be provided by the CBS Clinical Supervisor. The LMSW or CSW may independently secure LCSW supervision.
 - b. On-site supervision by the LCSW is the preferred method of supervision.
 - c. Supervision may be rendered through individual supervision, group supervision, telephone contact, or by secure electronic media to meet the needs of the agency to provide timely services to clients in emergencies.
 - d. Supervision of the LMSWs or CSWs rendering clinical services constitution psychotherapy shall total a minimum of two (2) hours per month, counted in increments of no fewer than 30 minutes, for the duration of the time that the LMSW or CSW is rendering psychotherapeutic services.

- e. The supervisee and the supervisor must keep accurate records of the dates of supervision, times and hours spent in supervision for potential audit of records. The “Louisiana State Board of Social Work Examiners” (LABSWE) at its discretion may ask for a copy of the record.
2. Community Based Services Social Service Counselors seeking to become Licensed Professional Counselors (LPCs) shall follow the guide lines as stipulated by the “Louisiana Counselor Association Board of Examiners” (LCA).

CBS social service counselors shall receive clinical supervision from the CBS Clinical Supervisor. Supervision may be rendered through individual supervision, group supervision telephone contact, or by secure electronic media to meet the needs of the agency and to provide timely services to clients in emergencies.

Clinical supervision shall total a minimum of two (2) hours per month, counted in increments of no fewer than 30 minutes, for the duration of the time that the CBS social service counselor is rendering psychotherapeutic services. The CBS Clinical Supervisor and supervisee shall keep accurate records of the dates of supervision, time and hours spent in supervision.
3. Social service staff that is licensed by the LSBSWE or by Counselors that are licensed by the Louisiana Counselor Association Board of Examiners shall be required to submit proof of licensure renewal to the CBS Clinical Supervisor on a yearly basis, but no later than December 1st. This process shall ensure that the CBS social service staff is in compliance with state law regarding the delivery of treatment services to youth.
4. There may be times when the CBS Clinical Supervisor will observe the CBS social service staff providing clinical services to youth. The parent or legal guardian’s signature must be obtained on the “Clinical Supervisor Observation Consent Form” [see attachment D.15.3 (i)] authorizing clinical observation.
5. CBS social service staff may receive functional supervision from the Regional Manager.

VII. QUALITY ASSURANCE: (IF APPLICABLE)

The process of monitoring the provision of treatment services that are provided to youth in non-secure custody is an extremely important part of YS. It is a method that enhances a Supervisor's ability to supervise and assist CBS social service staff in their role of helping youth and their families. It also serves as a tool to assist administrators in the planning and decision making process. The CBS Clinical Supervisor is responsible for ensuring that all required monitoring reviews as outlined below are being conducted in a timely manner.

1. Youth Records - the CBS Clinical Supervisor shall be responsible for conducting quality assurance reviews of all cases that are assigned to the CBS social service staff on a quarterly basis. Quality Assurance reviews shall be conducted on-site and via JETS.

The purpose of the case reviews are to ensure that youth are receiving services as identified on the "Support Services Treatment Plan" and that all required documentation is completed and placed in the Youth's Social Services Case Record. The quality assurance tool authorized by CO shall be utilized to document review findings.

The tools may be accessed through OJJ Share Point by logging on to <http://oydcosps/default.aspx>, and choosing the Continuous Quality Improvement Services (CQIS) tab.

2. The CBS social service staff shall receive written notification within 72 hours of any deficiencies noted by means of a corrective action plan by the CBS Clinical Supervisor.

The CBS social service staff shall have seven (7) working days to correct all deficiencies and shall forward the corrective action plan to the CBS Clinical Supervisor.

Previous Regulation/Policy Number: D.15.3

Previous Effective Date: 01/28/2014

Attachments/References:

- D.15.3 (a) Social Services Referral Form.doc
- D.15.3 (b) Family Intervention Services.doc
- D.15.3 (c) Support Services Treatment Plan.doc
- Attachment (d) Social Work Professional Disclosure.pdf
- D.15.3 (e) Consent for Treatment.doc
- D.15.3 (f) Progress Note.doc
- D.15.3 (g) Clinical Status Report.doc
- D.15.3 (h) Social Service Monthly Activity Report.doc
- D.15.3 (i) Clinical Supervision Observation Consent Form.doc
- D.15.3 (j) Acknowledgement of Limits of Confidentiality May 2015.docx